

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 35
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Amadeo		OFFICE USE ONLY  Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged
	NICKNAME LAST SUFFIX Ortiz		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1443 W. Elsmere San Antonio, TX 78201		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             FILED IN MY OFFICE              JACQUELYN E. CALLANEN              ELECTIONS ADMINISTRATOR              2008 JAN -2 P 3 28           </div>
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Alex		
	NICKNAME LAST SUFFIX Torres		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 202 E. Quill San Antonio, TX 78228		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 693-0776		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/01/2007    12/31/2007		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 03/04/2008		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Bexar Co. Sheriff
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

# AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA

PG 1

1 CANDIDATE NAME Amadeo Ortiz		2 ACCOUNT #		3 Total pages filed:	
<p>See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information only. Do not provide information previously disclosed.</p>					
4 CANDIDATE NAME		NEW MS / MRS / MR FIRST Am Ad eO MI NICKNAME LAST Ortiz SUFFIX		OFFICE USE ONLY	
5 CANDIDATE MAILING ADDRESS		NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1443 W. Elsmere San Antonio, TX 78201		Date Received  Date Hand-delivered or Date Postmarked Date Processed Date Imaged	
6 CANDIDATE PHONE		NEW AREA CODE PHONE NUMBER EXTENSION (210) 736-3312		FILED IN MY OFFICE JACQUELINE F. CALLAHAN ELECTIONS ADMINISTRATOR TEXAS ETHICS COMMISSION	
7 OFFICE HELD (if any)		NEW			
8 OFFICE SOUGHT (if known)		NEW BEYAR County Sheriff			
9 CAMPAIGN TREASURER NAME		NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Robert W. Lott Bob			
10 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)		NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5045 Ayrshire Dr. San Antonio, TX 78217			
11 CAMPAIGN TREASURER PHONE		NEW AREA CODE PHONE NUMBER EXTENSION ( 210 ) 414-9966			
12 CANDIDATE SIGNATURE		I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.  I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Amadeo Ortiz Signature of Candidate			
		01-01-08 Date Signed			
GO TO PAGE 2					



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****14 C/OH NAME** Ortiz, Amadeo (Mr.)**15 ACCOUNT #** (Ethics Commission filers)  
00000001**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ **GENERAL**☐ **SPECIFIC**☐ additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 470.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 39,684.51

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 332.95

4. TOTAL POLITICAL EXPENDITURES

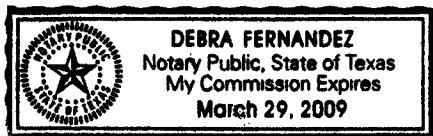
\$ 33,390.85

**CONTRIBUTION  
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 18,400.00

**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 3,000.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Amadeo Ortiz*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amadeo Ortiz, this the 2 day  
of Jan, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/16 Report: 3/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/29/2007

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Alfaro, Manuel

6 Contributor address; City; State; Zip Code

1716 S. San Marcos  
San Antonio, TX 78207

7 Amount of  
contribution (\$)

\$125.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/02/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amber, Michael

Contributor address; City; State; Zip Code

1447 W. Summit  
San Antonio, TX 78201

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Ambriz, Jesus

Contributor address; City; State; Zip Code

4419 Turkey Run St  
San Antonio, TX 78238

Amount of  
contribution (\$)

\$810.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Bexar Co. Bail Bond Association PAC

Contributor address; City; State; Zip Code

4007 S. Presa  
San Antonio, TX 78223

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Campos, Alberto

Contributor address; City; State; Zip Code

P.O. Box 29073  
San Antonio, TX 78229

Amount of  
contribution (\$)

\$125.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 2/16 Report: 4/35

**2** FILER NAME Ortiz, Amadeo (Mr.)

**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

09/26/2007

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Carvajal, Charlie

**6** Contributor address; City; State; Zip Code  
19 Orsinger Hill  
San Antonio, TX 78230

**7** Amount of contribution (\$)

\$200.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

08/01/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Carvajal, Danny

Contributor address; City; State; Zip Code  
130 City St  
San Antonio, TX 78204

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/21/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Carvajal, Danny

Contributor address; City; State; Zip Code  
130 City St  
San Antonio, TX 78204

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Casillas, Dennis

Contributor address; City; State; Zip Code  
8634 Quail Whisper  
San Antonio, TX 78250

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cedillo, Rebecca

Contributor address; City; State; Zip Code  
239 W. Hollywood  
San Antonio, TX 78212

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 3/16 Report: 5/35

**2** FILER NAME Ortiz, Amadeo (Mr.)

**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

09/24/2007

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Davila, Robert

**6** Contributor address; City; State; Zip Code  
723 Peabody  
San Antonio, TX 78211

**7** Amount of  
contribution (\$)

\$100.00

**8** In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

08/01/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Deputy Sheriffs Association of Bex Co PAC

Contributor address; City; State; Zip Code  
816 Camaron #214  
San Antonio, TX 78212

Amount of  
contribution (\$)

\$3,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/31/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Deputy Sheriffs Association of Bex Co PAC

Contributor address; City; State; Zip Code  
816 Camaron #214  
San Antonio, TX 78212

Amount of  
contribution (\$)

\$3,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Deputy Sheriffs Association of Bex Co PAC

Contributor address; City; State; Zip Code  
816 Camaron #214  
San Antonio, TX 78212

Amount of  
contribution (\$)

\$472.50

In-kind contribution  
description (if applicable)  
In-Kind Yard Sign  
materials

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Deputy Sheriffs Association of Bex Co PAC

Contributor address; City; State; Zip Code  
816 Camaron #214  
San Antonio, TX 78212

Amount of  
contribution (\$)

\$2,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/16 Report: 6/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date

11/01/2007

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Deputy Sheriffs Association of Bex Co PAC

6 Contributor address; City; State; Zip Code  
816 Camaron #214  
San Antonio, TX 78212

7 Amount of  
contribution (\$)

\$227.50

8 In-kind contribution  
description (if applicable)  
Campaign Marketing  
expense

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/21/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Dimas, Gil

Contributor address; City; State; Zip Code  
531 Guadalupe St  
San Antonio, TX 78207

Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Dovalina, Roger

Contributor address; City; State; Zip Code  
9311 Moonlit Glade  
San Antonio, TX 78223

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/27/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Embrey, Bruce

Contributor address; City; State; Zip Code  
219 N. Comal  
San Antonio, TX 78207

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Embrey, Bruce

Contributor address; City; State; Zip Code  
1126 W. Commerce St  
San Antonio, TX 78207

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 5/16 Report: 7/35

**2** FILER NAME Ortiz, Amadeo (Mr.)

**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

11/27/2007

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Fernandez, Raul

**6** Contributor address; City; State; Zip Code  
9607 Summer Vail St  
San Antonio, TX 78251

**7** Amount of contribution (\$)

\$79.10

**8** In-kind contribution description (if applicable)  
F&B Special Campaigning meeting

(If travel outside of Texas, complete Schedule T) ☐

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Fletcher, Roy

Contributor address; City; State; Zip Code  
11843 Braesview #601  
San Antonio, TX 78213

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Frigerio, Charles

Contributor address; City; State; Zip Code  
317 Cleveland Court  
San Antonio, TX 78209

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Garza, Linda

Contributor address; City; State; Zip Code  
2310 Marilyn Kay St  
San Antonio, TX 78238

Amount of contribution (\$)

\$185.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gholson, William & Carolina

Contributor address; City; State; Zip Code  
8181 Tezel Rd  
San Antonio, TX 78250

Amount of contribution (\$)

\$1,652.81

In-kind contribution description (if applicable)  
In-Kind F&B expense for Fundraiser event

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/16 Report: 8/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 12/18/2007  
5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gholson, William & Carolina

6 Contributor address; City; State; Zip Code  
8181 Tezel Rd  
San Antonio, TX 78250

7 Amount of contribution (\$) \$6,072.00  
8 In-kind contribution description (if applicable)  
Donation for Political Advertising

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 10/26/2007  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gilbridge, Rick

Contributor address; City; State; Zip Code  
3826 Majestic  
San Antonio, TX 78228

Amount of contribution (\$) \$185.60  
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/29/2007  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gonzalez, Charles (Rep.)

Contributor address; City; State; Zip Code  
206 E. Locust  
San Antonio, TX 78212

Amount of contribution (\$) \$250.00  
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/12/2007  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hernandez, Raymond

Contributor address; City; State; Zip Code  
273 Nicks Road  
Comfort, TX 78013

Amount of contribution (\$) \$250.00  
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/26/2007  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Herrera, Nancy

Contributor address; City; State; Zip Code  
14034 Sunnyglen  
San Antonio, TX 78217

Amount of contribution (\$) \$185.00  
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/16 Report: 9/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/29/2007

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Herrera, Nancy

6 Contributor address; City; State; Zip Code

14034 Sunnyside  
San Antonio, TX 78217

7 Amount of  
contribution (\$)

\$280.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Hoffman, Amado

Contributor address; City; State; Zip Code

4946 Rigsby  
San Antonio, TX 78222

Amount of  
contribution (\$)

\$2,200.00

In-kind contribution  
description (if applicable)

Donation 100 Steak  
Dinners

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Hollis, Dean

Contributor address; City; State; Zip Code

166 N. Loop Road  
San Antonio, TX 78216

Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Horton, Leo

Contributor address; City; State; Zip Code

4839 SeaBreeze Dr  
San Antonio, TX 78220

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Hulse, Stan

Contributor address; City; State; Zip Code

8100 Broadway #200  
San Antonio, TX 78209

Amount of  
contribution (\$)

\$140.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/16 Report: 10/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

07/20/2007

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hyden, Perry

6 Contributor address; City; State; Zip Code  
422 Lanier Blvd  
San Antonio, TX 78221

7 Amount of  
contribution (\$)

\$30.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/27/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hyden, Perry

Contributor address; City; State; Zip Code  
422 Lanier Blvd  
San Antonio, TX 78221

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Juarez, Gilbert

Contributor address; City; State; Zip Code  
7423 Rocky Cedar  
San Antonio, TX 78249

Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lowry, Terry

Contributor address; City; State; Zip Code  
1438 Lynwood Ave  
San Antonio, TX 78201

Amount of  
contribution (\$)

\$60.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lozano, Robert

Contributor address; City; State; Zip Code  
15911 Reyes Ridge  
San Antonio, TX 78023

Amount of  
contribution (\$)

\$125.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 9/16 Report: 11/35	
2 FILER NAME Ortiz, Amadeo (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/20/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCombs, B.J.  6 Contributor address; City; State; Zip Code P.O. Box BH003 San Antonio, TX 78201		7 Amount of contribution (\$)  \$2,000.00	8 In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date  10/29/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGovern, David  Contributor address; City; State; Zip Code 27565 Woodland Gm San Antonio, TX 78015		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  07/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David  Contributor address; City; State; Zip Code 130 City St. San Antonio, TX 78213		Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  09/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David  Contributor address; City; State; Zip Code 186 Marlana San Antonio, TX 78213		Amount of contribution (\$)  \$600.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  10/05/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David  Contributor address; City; State; Zip Code 186 Marlana San Antonio, TX 78213		Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 10/16 Report: 12/35	
2 FILER NAME Ortiz, Amadeo (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  10/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David		7 Amount of contribution (\$)  \$200.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 186 Marlana San Antonio, TX 78213			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date  10/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David		Amount of contribution (\$)  \$300.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 186 Marlana San Antonio, TX 78213			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  10/29/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David		Amount of contribution (\$)  \$540.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 186 Marlana San Antonio, TX 78213			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  10/29/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortiz, Melissa		Amount of contribution (\$)  \$320.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4700 Capital of Texas Hwy #224 Austin, TX 78746			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  10/29/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortiz, Victor		Amount of contribution (\$)  \$200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1805 Castroville Road San Antonio, TX 78237			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/16 Report: 13/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/09/2007

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Ortiz, Victor

6 Contributor address; City; State; Zip Code  
1805 Castroville Road  
San Antonio, TX 78237

7 Amount of  
contribution (\$)

\$300.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/20/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Pacheco, Frank

Contributor address; City; State; Zip Code  
1610 W. Hildebrand Ave  
San Antonio, TX 78201

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/24/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Pacheco, Frank

Contributor address; City; State; Zip Code  
1610 W. Hildebrand Ave  
San Antonio, TX 78201

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Pacheco, Frank

Contributor address; City; State; Zip Code  
1610 W. Hildebrand Ave  
San Antonio, TX 78201

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Perez, Joe

Contributor address; City; State; Zip Code  
506 Rayburn Dr  
San Antonio, TX 78221

Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/16 Report: 14/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/29/2007

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Perez, Victor

6 Contributor address; City; State; Zip Code  
2903 E. Ramblewood St  
San Antonio, TX 78261

7 Amount of  
contribution (\$)

\$885.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/17/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Philippus, Al

Contributor address; City; State; Zip Code  
3 Inwood Moss  
San Antonio, TX 78248

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rangel, Roland

Contributor address; City; State; Zip Code  
1323 W. Martin  
San Antonio, TX 78207

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/20/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Reyes II, Richard

Contributor address; City; State; Zip Code  
110 Oak Grove Dr  
Boerne, TX 78006

Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rodriguez, Anita

Contributor address; City; State; Zip Code  
163 Bradley St  
San Antonio, TX 78211

Amount of  
contribution (\$)

\$160.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/16 Report: 15/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

07/26/2007

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Salazar, Jose

6 Contributor address; City; State; Zip Code  
20750 Hwy 281 North  
San Antonio, TX 78259

7 Amount of  
contribution (\$)

\$1,000.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Savage, Bradley

Contributor address; City; State; Zip Code  
20030 Standish Rd  
San Antonio, TX 78258

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Shults, Bob

Contributor address; City; State; Zip Code  
1331 Lamar St Ste 1250  
Houston, TX 77010

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Simpson, J. Doug

Contributor address; City; State; Zip Code  
18854 Calle Cierra  
San Antonio, TX 78258

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Soto, Sergio

Contributor address; City; State; Zip Code  
P.O. Box 830883  
San Antonio, TX 78283

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/16 Report: 16/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/29/2007

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Spector, Morris (Dr.)

6 Contributor address; City; State; Zip Code  
P.O. Box 15273  
San Antonio, TX 78212

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Texas GEO Group, Inc - PAC

Contributor address; City; State; Zip Code  
1583 Common St Ste 213  
New Braunfels, TX 78130

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/12/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Trainer, Michael

Contributor address; City; State; Zip Code  
3839 Devon  
San Antonio, TX 78223

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Trainer, Michael

Contributor address; City; State; Zip Code  
3839 Devon  
San Antonio, TX 78223

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/06/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Trainer, Michael

Contributor address; City; State; Zip Code  
1249 Hillside Oaks Dr  
La Vernia, TX 78121

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/16 Report: 17/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

12/12/2007

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Trainer, Michael

6 Contributor address; City; State; Zip Code  
1249 Hillside Oaks Dr  
La Vernia, TX 78121

7 Amount of  
contribution (\$)

\$25.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/20/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Trainer, Michael

Contributor address; City; State; Zip Code  
1249 Hillside Oaks Dr  
La Vernia, TX 78121

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Vela, Dan

Contributor address; City; State; Zip Code  
9251 Windward Trace  
San Antonio, TX 78254

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/12/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Villareal, Lee Roy

Contributor address; City; State; Zip Code  
PMB 1546  
6450 NW Loop 410  
San Antonio, TX 78238

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/31/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Villareal, Lee Roy

Contributor address; City; State; Zip Code  
PMB 1546  
6450 NW Loop 410  
San Antonio, TX 78238

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/16 Report: 18/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/29/2007

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Villareal, Lee Roy

6 Contributor address; City; State; Zip Code  
P.O. Box 767  
Cibolo, TX 78108

7 Amount of contribution (\$)

\$165.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Wagley, Janice

Contributor address; City; State; Zip Code  
135 N. Comal  
San Antonio, TX 78207

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/20/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Walker, Avery

Contributor address; City; State; Zip Code  
4103 Cliff Run  
San Antonio, TX 78222-2731

Amount of contribution (\$)

\$240.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
White, Collis

Contributor address; City; State; Zip Code  
115 E. Travis Ste 1705  
San Antonio, TX 78205

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/2007

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
White, Collis

Contributor address; City; State; Zip Code  
115 E. Travis Ste 1705  
San Antonio, TX 78205

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 1/16 Report: 19/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  09/26/2007	<b>5</b> Payee name ADG Marketing, Inc  <b>6</b> Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229	<b>7</b> Amount (\$)  \$4,082.00
---------------------------------	---	---

**8** Purpose of payment (See instructions regarding type of information required.)  
Ortiz campaign yard signs**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  10/17/2007	Payee name ADG Marketing, Inc  Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229	Amount (\$)  \$977.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Ortiz campaign Mkting services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  11/02/2007	Payee name ADG Marketing, Inc  Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229	Amount (\$)  \$2,660.00
------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Ortiz campaign yard signs\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  11/13/2007	Payee name ADG Marketing, Inc  Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229	Amount (\$)  \$150.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Ortiz campaign Mkting services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/16 Report: 20/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  11/13/2007	<b>5</b> Payee name ADG Marketing, Inc  <b>6</b> Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229	<b>7</b> Amount (\$)  \$625.00
---------------------------------	---	---

**8** Purpose of payment (See instructions regarding type of information required.)  
Ortiz campaign Mkting services**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  11/30/2007	Payee name ADG Marketing, Inc  Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229	Amount (\$)  \$1,907.00
------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Ortiz campaign Mkting services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  07/17/2007	Payee name AT & T Telephone  Payee address; City; State; Zip Code 800-599-7928 TX	Amount (\$)  \$215.00
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Office telephone & Internet\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  08/05/2007	Payee name AT & T Telephone  Payee address; City; State; Zip Code 800-599-7928 TX	Amount (\$)  \$113.77
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Office telephone & Internet\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/16 Report: 21/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name

AT &amp; T Telephone

**7** Amount  
(\$)

09/07/2007

**6** Payee address;

City; State; Zip Code

800-599-7928

TX

\$99.34

**8** Purpose of payment (See instructions regarding type of information required.)

Office telephone &amp; Internet

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

AT &amp; T Telephone

Amount  
(\$)

10/10/2007

Payee address;

City; State; Zip Code

800-599-7928

TX

\$156.41

Purpose of payment (See instructions regarding type of information required.)

Office telephone &amp; Internet

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

AT &amp; T Telephone

Amount  
(\$)

11/05/2007

Payee address;

City; State; Zip Code

800-599-7928

TX

\$124.30

Purpose of payment (See instructions regarding type of information required.)

Office telephone &amp; Internet

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Beef &amp; Bourbon Steak House

Amount  
(\$)

07/12/2007

Payee address;

City; State; Zip Code

4946 Rigsby

San Antonio, TX 78222

\$21.32

Purpose of payment (See instructions regarding type of information required.)

F&amp;B Business Meeting

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/16 Report: 22/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  07/26/2007	<b>5</b> Payee name Beef & Bourbon Steak House  <b>6</b> Payee address; City; State; Zip Code 4946 Rigsby San Antonio, TX 78222	<b>7</b> Amount (\$)  \$400.00
---------------------------------	--	---

**8** Purpose of payment (See instructions regarding type of information required.)  
Gratuities - Waitstaff at fundraiser**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  10/30/2007	Payee name Beef & Bourbon Steak House  Payee address; City; State; Zip Code 4946 Rigsby San Antonio, TX 78222	Amount (\$)  \$32.80
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
F&B Business meeting**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  12/04/2007	Payee name Bexar County Democratic Party  Payee address; City; State; Zip Code 3010 N. St Mary's St San Antonio, TX 78212	Amount (\$)  \$1,250.00
------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Filing Fee for placement on 2008 Primary Ballot**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  10/26/2007	Payee name BudCo  Payee address; City; State; Zip Code 4609 Hwy 90 W San Antonio, TX 78237	Amount (\$)  \$314.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)  
F&B for fundraiser 10/26/07**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 5/16 Report: 23/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name  
Cadillac Bar**7** Amount  
(\$)

10/25/2007

**6** Payee address; City; State; Zip Code  
212 S. Flores  
San Antonio, TX 78204

\$214.50

**8** Purpose of payment (See instructions regarding type of information required.)

F&amp;B Meeting with LEO group

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Carla Vela CampaignAmount  
(\$)

12/12/2007

Payee address; City; State; Zip Code  
3819 Briar heaven  
San Antonio, TX 78247

\$100.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Donation

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Custom Crush WineryAmount  
(\$)

11/07/2007

Payee address; City; State; Zip Code  
8425 Bandera Rd Ste 148  
San Antonio, TX 78250

\$174.51

Purpose of payment (See instructions regarding type of information required.)

F&amp;B for fundraiser 10/26/07

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
David Lee Garza Y Los MusicalesAmount  
(\$)

10/26/2007

Payee address; City; State; Zip Code  
7152 N. State Hwy 16  
Poteet, TX 78065

\$4,000.00

Purpose of payment (See instructions regarding type of information required.)

Entertainment - Fundraiser 10/26/07

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 6/16 Report: 24/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name  
FedEX /Kinko**7** Amount  
(\$)

09/26/2007

**6** Payee address; City; State; Zip Code  
11745 IH 10 West  
San Antonio, TX 78230

\$62.56

**8** Purpose of payment (See Instructions regarding type of information required.)

Campaign invitations

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
FedEX /KinkoAmount  
(\$)

10/01/2007

Payee address; City; State; Zip Code  
11745 IH 10 West  
San Antonio, TX 78230

\$46.83

Purpose of payment (See instructions regarding type of information required.)

Campaign flyers

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Halo DistributingAmount  
(\$)

10/30/2007

Payee address; City; State; Zip Code  
200 Lombrano St  
San Antonio, TX 78204

\$271.45

Purpose of payment (See instructions regarding type of information required.)

F&amp;B for fundraiser 10/26/07

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
HEB GroceryAmount  
(\$)

10/26/2007

Payee address; City; State; Zip Code  
2118 Fredericksburg Rd  
San Antonio, TX 78201

\$26.72

Purpose of payment (See instructions regarding type of information required.)

F&amp;B Fundraiser Event 10/26/07

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 7/16 Report: 25/35

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date**5** Payee name

HEB Grocery

**7**

Amount

(\$)

10/26/2007

**6** Payee address; City; State; Zip Code2118 Fredericksburg Rd  
San Antonio, TX 78201

\$35.00

**8** Purpose of payment (See instructions regarding type of information required.)

F&amp;B Fundraiser Event 10/26/07

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

HEB Grocery

Amount

(\$)

12/26/2007

Payee address; City; State; Zip Code

2118 Fredericksburg Rd  
San Antonio, TX 78201

\$54.99

Purpose of payment (See instructions regarding type of information required.)

F&amp;B Senior Center Refreshments

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Hercules Leaves &amp; Petals

Amount

(\$)

08/02/2007

Payee address; City; State; Zip Code

1150 Culebra  
San Antonio, TX 78201

\$70.28

Purpose of payment (See instructions regarding type of information required.)

Flower arrangement

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Kinko's

Amount

(\$)

09/19/2007

Payee address; City; State; Zip Code

11745 W IH 10  
San Antonio, TX 78230

\$124.35

Purpose of payment (See instructions regarding type of information required.)

Paper Supplies for Fundraiser

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 8/16 Report: 26/35

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date**5** Payee name

Kinko's

**7**

Amount

(\$)

09/19/2007

**6** Payee address; City; State; Zip Code

11745 W IH 10

San Antonio, TX 78230

\$25.74

**8** Purpose of payment (See instructions regarding type of information required.)

Paper Supplies for Fundraiser

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Kinko's

Amount

(\$)

10/15/2007

Payee address; City; State; Zip Code

11745 W IH 10

San Antonio, TX 78230

\$6.43

Purpose of payment (See instructions regarding type of information required.)

Paper Supplies for Fundraiser

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Kinko's

Amount

(\$)

11/12/2007

Payee address; City; State; Zip Code

11745 W IH 10

San Antonio, TX 78230

\$6.43

Purpose of payment (See instructions regarding type of information required.)

Paper Supplies for Fundraiser

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

N&amp;S Enterprises

Amount

(\$)

10/05/2007

Payee address; City; State; Zip Code

222 E. Houston

San Antonio, TX 78205

\$288.00

Purpose of payment (See instructions regarding type of information required.)

Campaign shirts

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 9/16 Report: 27/35

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date**5** Payee name

N&amp;S Enterprises

**7**Amount  
(\$)

10/22/2007

**6** Payee address; City; State; Zip Code222 E. Houston  
San Antonio, TX 78205

\$168.00

**8** Purpose of payment (See instructions regarding type of information required.)

Campaign shirts

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name

National Transaction Corp

Amount  
(\$)

07/01/2007

Payee address; City; State; Zip Code

11951 NW 37th St  
Coral Springs, FL 33065

\$15.95

Purpose of payment (See instructions regarding type of information required.)

Credit Card Transaction Fees

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name

National Transaction Corp

Amount  
(\$)

08/01/2007

Payee address; City; State; Zip Code

11951 NW 37th St  
Coral Springs, FL 33065

\$15.95

Purpose of payment (See instructions regarding type of information required.)

Credit Card Transaction Fees

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name

National Transaction Corp

Amount  
(\$)

09/01/2007

Payee address; City; State; Zip Code

11951 NW 37th St  
Coral Springs, FL 33065

\$15.95

Purpose of payment (See instructions regarding type of information required.)

Credit Card Transaction Fees

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 10/16 Report: 28/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name

National Transaction Corp

**7** Amount  
(\$)

10/01/2007

**6** Payee address; City; State; Zip Code11951 NW 37th St  
Coral Springs, FL 33065

\$15.95

**8** Purpose of payment (See instructions regarding type of information required.)

Credit Card Transaction Fees

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

National Transaction Corp

Amount  
(\$)

11/03/2007

Payee address; City; State; Zip Code

11951 NW 37th St  
Coral Springs, FL 33065

\$15.95

Purpose of payment (See instructions regarding type of information required.)

Credit Card Transaction Fees

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Office Depot

Amount  
(\$)

07/12/2007

Payee address; City; State; Zip Code

5601 Bandera Rd  
San Antonio, TX 78238

\$15.12

Purpose of payment (See instructions regarding type of information required.)

Office supplies

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Office Depot

Amount  
(\$)

07/16/2007

Payee address; City; State; Zip Code

5601 Bandera Rd  
San Antonio, TX 78238

\$25.13

Purpose of payment (See instructions regarding type of information required.)

Office supplies

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 11/16 Report: 29/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name Office Depot	<b>7</b> Amount (\$)
07/18/2007	<b>6</b> Payee address; City; State; Zip Code 5601 Bandera Rd San Antonio, TX 78238	\$19.18

**8** Purpose of payment (See instructions regarding type of information required.)  
Office supplies**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date	Payee name Office Depot	Amount (\$)
09/19/2007	Payee address; City; State; Zip Code 5601 Bandera Rd San Antonio, TX 78238	\$72.72

Purpose of payment (See instructions regarding type of information required.)  
Office supplies\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date	Payee name Office Depot	Amount (\$)
10/11/2007	Payee address; City; State; Zip Code 5601 Bandera Rd San Antonio, TX 78238	\$92.50

Purpose of payment (See instructions regarding type of information required.)  
Office supplies\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date	Payee name Office Max	Amount (\$)
10/15/2007	Payee address; City; State; Zip Code 255 E. Basse Rd Ste 1510 San Antonio, TX 78209	\$63.79

Purpose of payment (See instructions regarding type of information required.)  
Office supplies\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 12/16 Report: 30/35

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date**5** Payee name

Office Max

**7**

Amount

(\$)

10/29/2007

**6** Payee address; City; State; Zip Code255 E. Basse Rd Ste 1510  
San Antonio, TX 78209

\$369.09

**8** Purpose of payment (See instructions regarding type of information required.)

Office supplies

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Ottoway, Matt

Amount

(\$)

10/18/2007

Payee address; City; State; Zip Code

3838 Lockhill Selma  
San Antonio, TX 78230

\$114.32

Purpose of payment (See instructions regarding type of information required.)

Volunteer - fuel expense reimbursement

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Ottoway, Matt

Amount

(\$)

10/31/2007

Payee address; City; State; Zip Code

3838 Lockhill Selma  
San Antonio, TX 78230

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)

Consultant expense

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Ramon &amp; Associates

Amount

(\$)

07/01/2007

Payee address; City; State; Zip Code

3530 Roland Ave  
San Antonio, TX 78210

\$3,000.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Mgr Fee

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 13/16 Report: 31/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name

Ramon &amp; Associates

**7**

Amount

(\$)

07/12/2007

**6** Payee address; City; State; Zip Code3530 Roland Ave  
San Antonio, TX 78210

\$499.16

**8** Purpose of payment (See instructions regarding type of information required.)

Pushcards

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Ramon &amp; Associates

Amount

(\$)

07/12/2007

Payee address; City; State; Zip Code

3530 Roland Ave  
San Antonio, TX 78210

\$163.12

Purpose of payment (See instructions regarding type of information required.)

Fundraiser Invitations

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Ramon &amp; Associates

Amount

(\$)

08/01/2007

Payee address; City; State; Zip Code

3530 Roland Ave  
San Antonio, TX 78210

\$3,000.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Mgr Fee

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Ramon &amp; Associates

Amount

(\$)

09/01/2007

Payee address; City; State; Zip Code

3530 Roland Ave  
San Antonio, TX 78210

\$3,000.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Mgr Fee

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 14/16 Report: 32/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date  
  
10/08/2007**5** Payee name  
SA Fire Fighters Banquet Hall**6** Payee address; City; State; Zip Code  
8925 West IH 10  
San Antonio, TX 78230**7** Amount  
(\$)  
  
\$1,200.00**8** Purpose of payment (See instructions regarding type of information required.)  
Hall rental Fundraiser 10/26/07(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Symantec SoftwareAmount  
(\$)

08/05/2007

Payee address; City; State; Zip Code  
Internet  
Internet, TX

\$58.98

Purpose of payment (See instructions regarding type of information required.)  
Internet Security software(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Texas Alcohol Beverage CommissionAmount  
(\$)

10/25/2007

Payee address; City; State; Zip Code  
4203 Woodcock  
San Antonio, TX 78228

\$202.99

Purpose of payment (See instructions regarding type of information required.)  
Temporary Beer License - fundraiser 10/26/07(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Toudouze MarketAmount  
(\$)

10/26/2007

Payee address; City; State; Zip Code  
800 Buena Visa  
San Antonio, TX 78207

\$102.93

Purpose of payment (See instructions regarding type of information required.)  
Supplies - for fundraiser 10/26/07(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 15/16 Report: 33/35

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date**5** Payee name

US Postal Service

**7**

Amount

(\$)

09/25/2007

**6** Payee address; City; State; Zip CodeArsenal Station  
San Antonio, TX 78204-9998

\$82.00

**8** Purpose of payment (See instructions regarding type of information required.)

Postage for Mailouts

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

US Postal Service

Amount

(\$)

09/26/2007

Payee address; City; State; Zip Code

Arsenal Station  
San Antonio, TX 78204-9998

\$82.00

Purpose of payment (See instructions regarding type of information required.)

Postage for Mailouts

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

US Postal Service

Amount

(\$)

09/27/2007

Payee address; City; State; Zip Code

Arsenal Station  
San Antonio, TX 78204-9998

\$82.00

Purpose of payment (See instructions regarding type of information required.)

Postage for Mailouts

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

US Postal Service

Amount

(\$)

11/07/2007

Payee address; City; State; Zip Code

Arsenal Station  
San Antonio, TX 78204-9998

\$41.00

Purpose of payment (See instructions regarding type of information required.)

Postage for Mailouts

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 16/16 Report: 34/35

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date**5** Payee name

US Postal Service

**7**

Amount

(\$)

11/14/2007

**6** Payee address; City; State; Zip CodeArsenal Station  
San Antonio, TX 78204-9998

\$26.00

**8** Purpose of payment (See instructions regarding type of information required.)

Renew P.O. Box rental

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

US Postal Service

Amount

(\$)

12/04/2007

Payee address; City; State; Zip Code

Arsenal Station  
San Antonio, TX 78204-9998

\$41.00

Purpose of payment (See instructions regarding type of information required.)

Postal Stamps

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Vista Print

Amount

(\$)

07/04/2007

Payee address; City; State; Zip Code

Internet Printing Service  
TX

\$96.39

Purpose of payment (See instructions regarding type of information required.)

Campaign Stationary

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Walker, Steve

Amount

(\$)

11/08/2007

Payee address; City; State; Zip Code

112 Leisure Dr  
Balcones Heights, TX 78201

\$225.00

Purpose of payment (See instructions regarding type of information required.)

Walker report website ad placement

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 1/1 Report: 35/35

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

08/31/2007

**5** Payee name

San Antonio Fire Fighters Banquet Hall

**8**Amount  
(\$)

\$500.00

**6** Payee address; City; State; Zip Code  
8925 West IH 10  
San Antonio, TX 78230**7** Purpose of expenditure (See instructions regarding type of information required.)  
Deposit - Rent Banquet Hall for Fundraiser 10/26/07(If travel outside of Texas, complete Schedule T) ☐Reimbursement  
from political  
contributions  
intended